



## EXPENSE REIMBURSEMENT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

What DFSC event/committee/budget item does this expense relate?

\_\_\_\_\_

Please complete all information requested. Receipts or proof of purchase for each item must be attached to receive reimbursement.

	<u>DATE</u>	<u>VENDOR</u>	<u>DESCRIPTION OF EXPENSE</u>	<u>AMOUNT</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
			Expenses absorbed by member (donation)	\$ _____
			<b>TOTAL DUE MEMBER</b>	<b>\$ _____</b>

Send reimbursement check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send this form along with receipts to:  
 Denver Figure Skating Club  
 c/o Treasurer  
 PO Box 2768  
 Centennial, CO 80161

TRASURER'S USE ONLY	
Account _____	Date Paid _____
Date Paid _____	Check # _____